

RMD GROUP

Application for employment for Part Time / Casual Work

DATA PROTECTION ACT 1989

Certain information on this form may be held on computer for statistical purposes. It will not be used for any other purposes and will not be divulged to any other unauthorised person.

Personal Details

Surname			
Forename /s			
Permanent Address		Temporary Address	
Phone No.	Work No.	Mobile / Pager	

Date of Birth	Height	Weight	Smoker y/n
Nationality	Marital Status	No. & age of children	
Nationality at any other time			
If naturalised please state number and date of certificate			
Do you have a current driving licence ? y/n		Licence Number	
Current endorsements (last 5 yrs) y/n		Details	
Do you own (or have regular use of) a car y/n			

What is your current employment status ? (Tick Box)

Employed Unemployed Self Employed Student

Do you have a smart dark suit	y/n
Do you have a dinner suit	y/n
Do you have a navy blue blazer	y/n

Education & Employment

Name & address of school, college or university attended	Dates		Exams passed & grades attained
	From	To	

Please give details of any security training you have undertaken

Dates	Organisation	Qualification attained

RMD GROUP

Previous Experience

Please give details of any previous experience in dealing with the public, or any related specialist skills that you possess

Do you hold any Door Supervisors Licences ?	y/n	please give details
Local Authority	Licence No.	Exp Date
Local Authority	Licence No.	Exp Date
Are you trained in First Aid ?	y/n	please give details

please enclose copies of any current certificates with this application form

Medical History

Have you ever suffered an industrial injury ? y/n give details

Have you had a prolonged period of sick leave in the past twelve months ? y/n give details

Are you in anyway medically restricted ? y/n give details

Are you registered disabled ? y/n give details

Have you ever suffered from the following ? (Tick Box) y/n give details

Asthma <input type="checkbox"/>	Defective hearing <input type="checkbox"/>	Chest trouble <input type="checkbox"/>	Arthritis <input type="checkbox"/>
Back pains <input type="checkbox"/>	Heart trouble <input type="checkbox"/>	Epileptic fits <input type="checkbox"/>	Blackouts <input type="checkbox"/>
Rheumatism <input type="checkbox"/>	Stomach trouble <input type="checkbox"/>		

Particulars of Convictions and Summonses

If you have at any time been **CONVICTED** by a Court or Court Martial of **ANY** offence, or a Probation Order has been made against you. If you have been **BOUND OVER** without conviction for **ANY** offence, or if a **SUMMONS** has been issued against you or any charge brought against you in **ANY** respect of any offence which has not yet been disposed of, full particulars must be given below. (Details should include motoring offences.)

If you fail to give such particulars or give false, or misleading particulars, you will not be considered for employment by the Company. If already employed, your employment will be terminated without notice.

If you have never been involved in any of the above matters, enter NIL in the column headed "Nature of Offence"

Date of conviction, Probation Order, Binding Over or Outstanding Summons or Charge	Nature of Offence	Sentence or Court Order with costs (if any)

Are you (or have you ever been) the subject of an exclusion order from a Football League or Premiership Ground ? Yes No

RMD GROUP

EQUAL OPPORTUNITIES STATEMENT

RMD GROUP is committed to providing equality of opportunity in terms of employment for all people regardless of race, colour, nationality, ethnic or national origin, creed, disability, age, sex, marital status or sexual orientation.

APPLICATION CHECKLIST

- All sections of the form completed ?
- Declaration Signed
- 2 x References enclosed
- Copies of certificates / permits etc enclosed
- 2 x passport photographs enclosed
- Name clearly **printed** on reverse of photographs

Declaration

Please read carefully and sign below - Unsigned applications will not be processed

I hereby declare that the information contained in this application form is, to the best of my knowledge, correct. I am not aware of any circumstances which, if known, might cause my fitness for employment with RMD GROUP to be questioned.

I understand that any false or misleading statements knowingly made may render me liable to disqualification or dismissal if engaged.

Applicants Signature: _____
 Print Name: _____
 Date _____

Please send completed application form to:

Personnel Department
 RMD GROUP
 9 The Chase
 Welwyn
 Hertfordshire
 AL6 0QT

FOR OFFICE USE ONLY:		
Date Recd:	Invited for Interview ? Yes - Date No - Reason for rejection	Processed by: Date:
References Recd:	Suitable - unsuitable - details	Processed by: Date:
Date Employed:	Employee number allocated ?	Processed by: Date:
Training:	Booked for Induction Course Date:	Processed by: Date:
Additional Notes:		